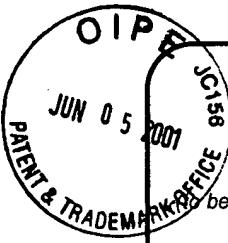


Cp 3636 ✓

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## TRANSMITTAL FORM

be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/518,120
Filing Date	March 3, 2000
First Named Inventor	Robinson et al.
Group Art Unit	3636
Examiner Name	Joseph Edell
Total Number of Pages in This Submission	25
Attorney Docket Number	0739D-000074

## ENCLOSURES (check all that apply)

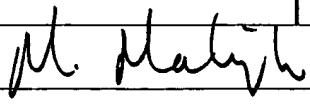
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Letter to the Official Draftsperson Submitting Proposed Drawing Changes in Red Ink.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	**Drawings submitted are 5 Sheets of Formal Drawings (Figs. 1-7).	

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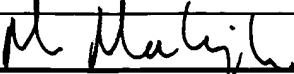
TO 3600 MAIL ROOM

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Michael Malinzak	Reg. No. 43,770
Signature			
Date	May 30, 2001		

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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 36

Complete if Known	
Application Number	09/518,120
Filing Date	March 3, 2000
First Named Inventor	Robinson et al.
Examiner Name	3636
Group / Art Unit	Joseph Edell
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METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																																																												
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\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	Michael Malinzak	Registration No. Attorney/Agent	43,770	Telephone	(248) 641-1600		
Signature				Date	May 30, 2001		

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/518,120

Filing Date: March 3, 2000

Applicant: Robinson et al.

Group Art Unit: 3636

Examiner: Joseph Edell

Title: Linear Seat Recliner For Structural Seat

Attorney Docket: 0739D-000074

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Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231

AMENDMENT

Sir:

In response to the Office Action mailed March 1, 2001, please amend the application as follows and consider the remarks set forth below.

IN THE SPECIFICATION

Please delete the Abstract Section of the specification and replace it with the following abstract in clean form. Applicants include herewith an Attachment for Specification Amendments showing a marked up version of the previous version of the

Abstract Section.

06/07/2001 TBESHAK1 00000022 09518120

01 FEB 103

36.00 OP